## STATEMENT OF

FORM 1	1 ORGANIZATION					
1. NAME OF COMMITTEE (ii	n full)	(Check if na		ample:If typing, type	12FE4M5	Office Use Only
·		A HORSE,				
			<u> </u>			
ADDRESS (number a	nd street)	1504 S. He	puston	Street		
(Check if address is changed)		Kaufman			TX	75142
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	SS (Please provide only sdhorseas		ddress) oր@gmail.c	om	
COMMITTEE'S WEE	address	· · · · · · · · · · · · · · · · · · ·	tahors	eassociation	tumbir.c	om
2. DATE 1	)"] ' <u> </u> 10	2012				
3. FEC IDENTIFIC	CATION NU	JMBER	C 0052	7085		
4. IS THIS STATE	MENT	NEW (N)	OR D	AMENDED (A)		
I certify that I have	examined th	is Statement and to the	ne best of my	knowledge and belief i	t is true, correct	and complete.
Type or Print Name	of Treasurer	Julie Cara	amante			
Signature of Treasur	er (	Julie C	wan	nante	Date 10	´ 10° ´ 2012 `
NOTE: Submission of		•	•	bject the person signing		the penalties of 2 U.S.C. §437g.
Office Use				For further Information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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TYPE OF COMMITTEE						
Cend	didate	Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below	.)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate			
_	Name of Candidate					
Candi Party	date Affiliati	on Office Sought: House Senate President	State District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	***************************************			
Name Candi						
Party	y Con	nmittee:	(0)			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Polit	ical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registraot PAC.				
<b>(f)</b>	$\times$	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fundraising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a fadoral aandidate	•			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number C				
	3.	FEC ID number				
	4.	FEC ID number				

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Write or Type Committee Name						
SOUTH DAKOTA HORSE ASSOCIATION						
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundralsing Representative, or Lead	dership PAC Sponsor				
Mailing Address						
	CITY STATE	ZIP CODE				
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor				
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in	possession of committee				
Full Name Pau	ıla Bacon					
Mailing Address	1504, S. Houston Street					
	Kaufman TX 75	5142				
Title or Position	CITY STATE	ZIP CODE				
Custodian of R	Records Telephone number [972]	- [824] - [1073]				
8. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	e name and address of				
Full Name of Treasurer	e Caramante					
Mailing Address	1504,S. Houston Street					
	Kaufman TX 75	5142 ZIP CODE				
Title or Position Treasurer	Telephone number [281]	_[766[4040				

CITY

STATE

ZIP CODE

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Full Name of

Mailing Address

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCO	DMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature	Confirmation™ Label
USPS Express Mail	Postmarked
COI O Express Mail	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	usiness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	te of Receipt or Postmarked
DV	10/18/2012
PREPARER	DATE PREPARED
(3/2005)	